

**ORAL HEALTH INITIATIVE (OHI) PRIVATE SECTOR CARE (PSC)  
VOUCHER DESCRIPTION**

The information below is an explanation of the fields contained in the OHI voucher

1. Voucher Information
  - a. Voucher ID # and originating DENTAC/military installation (Ft. Campbell).
  - b. **Expiration Date**-very important
  - c. Significant dates-created/modified/completed
2. Soldier information:
  - a. Name
  - b. SSN-(confidential information-please treat as such, so shred if disposed as trash).
  - c. Date of birth
  - d. Soldier's unit of assignment
  - e. Soldiers phone # (unit or personal depending on the information the Soldier provides).
  - f. Soldiers email address
3. Soldier Signature (and date)
  - a. Indicates Soldier voluntarily accepts referral to OHI PSC program and commits to presenting for the appointment
4. Instructions For Soldier:
  - a. Acknowledges location of dental office
  - b. Acknowledges responsibility to contact dental office to reschedule appointment
  - c. Soldier signature indicating treatment has been completed
5. DOD Provider Information
  - a. Name, location, and phone # of referring doctor. This is to be used if a request for modification of referred procedures and generation of a new voucher is required.
  - b. Also has FAX number to referring dental clinic with reminder to FAX copy of treatment record back to referring dental clinic.
6. DOD Provider Stamp/Signature (and date)
7. Treatment Authorized-list of procedures authorized for treatment and reimbursement
  - a. Tooth #, procedure code (specifies material to be used) and surfaces
  - b. Upon completion of treatment, circle procedures completed and insert your practice's UCR fee for the procedure. This is the reimbursement amount.
  - c. Civilian provider comments-comment required if (limited) procedure modification is made to authorized treatment procedure. Adding 1 or 2 surfaces to a restoration is allowable without requiring a new voucher.
8. Civilian Provider information
  - a. Doctor/practice information-TIN/location/phone #
9. Civilian provider Stamp/Signature and date. Completed prior to submission for reimbursement.
10. Instructions for Civilian Provider
  - a. FAX number used for sending completed voucher for reimbursement.
  - b. FAX voucher within 7 days of completing treatment

